

RELEASE FORM
CITY OF NORTH MIAMI PARKS AND RECREATION DEPARTMENT
PLEASE PRINT

Registration Date: _____ Sex: ☐ Female ☐ Male

First Name: _____ Last Name: _____

Address _____ Apt # _____ Zip _____ City _____

Home Phone() _____ Work Phone() _____ Emergency#() _____

Date of Birth: ____/____/____ Age: ____ N. Miami Resident? Yes__ No__ School _____

Emergency Contact Person: _____ Phone() _____

Comments: _____

Activity: _____ Session: _____

WAIVER FOR MINORS (BY ADULT)/WAIVER FOR ADULT

For myself or as a participant or as the parent or guardian of a minor child participating in activities or using any facilities of the Parks and Recreation Department, I hereby waive any claim against the City of North Miami (City) and its agents, servants and employees, hereafter arising from injuries to myself or said child, which said injury is sustained while upon said facilities, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of the City or by the negligence of the agents, servants or employees of the City, and I do covenant to indemnify, hold harmless and defend the City, its agents, servants or employees from any claim, damages or demand hereafter arising out of any injury to said child or to myself regardless of whether such injury to said child or to myself is caused in whole or in part by the negligence of the City or by the negligence of the agents, servants or employees of the City. I hereby authorize for the City of North Miami to call my physician and/or to arrange for transportation to a hospital, in the event of any injury to said child or myself, although I understand that the City assumes no responsibility to do so. I also authorize the City to depict for any purpose, without paying compensation to me, my child, or any other individual or entity, the likeness, image, name, and/or signature of me or my child in photographic or other works appearing in any and all media (presently known or unknown) worldwide.

Print Name of Parent/Guardian
\$ _____

Signature of Parent/Guardian or Participant
☐ Cash ☐ Check or M.O. # _____
Received by: _____

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